



Restriction's Docket No. 701826-05 008-CIP

PATENT

1633
#6
10-30-02
P2,

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: G. Batist, et al.

Application No.: 09/739,223

Group No.: 1633

Filed: 12/18/2000

Examiner: Shan Lin Chen

For: HEX II TUMOR-SPECIFIC PROMOTER AND USES THEREOF

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/739,223
	Filing Date	12/18/2000
	First Named Inventor	Gerald Batist
	Group Art Unit	1633
	Examiner Name	Shan Lin Chen
Total Number of Pages in This Submission	Attorney Docket Number	701826-050008-CIP

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<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cert. of Mail; Return Receipt Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is authorized to charge fee deficiencies to the NIXON PEABODY LLP deposit account 50-0850.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Resnick (Reg. No. 34,235) NIXON PEABODY LLP, 101 Federal Street, Boston, MA 02110
Signature	
Date	10/23/02

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Practitioner's Docket No. 701826-050008-CIP



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CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

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RESPONSE TO RESTRICTION REQUIREMENT

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In response to the Restriction Requirement mailed on September 24, 2002, Applicants elect Group I with traverse, drawn to tumor specific gene construct comprising a rat HEX II promoter, and a method for tumor selective expression of a gene in a cell by using said gene construct.

FEE AUTHORIZATION

Should any fees be associated with the submission be required, the Commissioner is authorized to such deficiencies to our Deposit Account No. 50-0850. Any overpayments should be credited to said Deposit Account.

Date: 10/23/02

Customer No.: 26770

Respectfully submitted,

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